KOLAR Document ID: 1639906

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Kansas Corporation Commission Oil & Gas Conservation Division

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #:				API No.	15					
Name:					escription:					
Address 1:			.							
Address 2:				Feet from North / South Line of Sec						
City:	State:	Zip: +	.	Feet from East / West Line of Se						
Contact Person:				Footages Calculated from Nearest Outside Section Corner:						
Phone: ()					NE NW	SE SW				
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:								
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)				
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)				
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:					
Depth to	Top: Botto	m: T.D		00 (•					
Depth to	Top: Botto	m:T.D	'	i iuggiiis	g completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, Conductor & Produc	tion)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If				
Plugging Contractor License #	:		Name:							
Address 1:			Address 2:							
City:			;	State:		Zip:+				
Phone: ()										
Name of Party Responsible for	r Plugging Fees:									
State of	County, _			, SS.						
	•				Employee of Operator or	Operator on above described				
	(Print Name)			⊑	imployee of Operator or	Operator on above-described well,				

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.



FIELD ORDER

Nº C

50553

BOX 438 - HAYSVILLE, KANSAS 67060 316-524-1225

		310-324-1223	DATE	6-Apr 20	22
S AUTHORIZED BY:	Bear Petroleum	(NAME OF CUSTOME)	a		
Address		City	State	KS	
TO TREAT WELL AS FOLLOWS Lease	Ulsh	Well No. 4	Customer Order No.		
Sec. Twp. Range		County Edwards	State	KS	

CONDITIONS. As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED

BEFORE WORK IS COMMENCED

Ву

		Well Owner or Operator		Agent			
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT			
20.0001	40	Mileage P.U.	\$2.50	\$100.00			
20.0002	40	Mileage P.T.	\$4.50	\$180.00			
20.0003	1	Pump Charge Plug	\$700.00	\$700.00			
20.1002	130	60/40 Poz 2% Gel	\$13.00	\$1,690.00			
20.1004	3	Add. Gel after 2% Per Sack	\$25.25	\$75.75			
20.1005	10	Gel on side per sack	\$25.25	\$252.50			
							
20.0011	143	Bulk Charge	\$1.25	\$178.75			
20.0012	254.8	Bulk Truck Miles	\$1.10	\$280.28			
		Process License Fee on Gallons					
		TOTAL BILLING	3	\$3,457.28			

NET	30 DAYS	
Remarks	Well Owner, Operator o	or Agent
Station GB	Dick S.	
Copeland Representative		
I certify that the above material has been accepted and used; the manner under the direction, supervision and control of the owner.		
	TOTAL BILLING	was performed in a good and workmanlike



TREATMENT REPORT

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand	cid A	& Cemen	t 🕭								Acid Stage N	0.	<u> </u>
BBJ/Gal BBJ/						Type Treatment:	Amt.		Туре	Fluid	Sand Size	Pour	nds of Sand
## BBJ / Gal. B	ite 4	/6/2022 Dis	strict GB	F.O. No	50553	Bkdown		3bl./Gal.					
Cation			·]							
State Sta	-												
State Stat				Field									
Treated from	ounty -	Edwards	···	_		Flush							
Size						Treated from			ft. to		ft.	No. ft.	0
Perf. To Series Perf. To Perf. To Actual Volume of Oil / Water to Load Hole: Bbl./Gal	asing:	Size	Type & Wt.		Set at fi				ft. to		ft.	No. ft.	0
Perf													
ormation: Perf to						Actual Volume of						· · · · · ·	Bbl./Gal.
Tree									_				
Commented: Yes	ormation	Tuna 9	144	Top at the fit	Bottom at f	+ Dump Trucks	No itsed:	Stri	365	Sn.		Twin	
ubing: Size & Wt. 2" Swung at th. to												_ ' '' '''	
Perforated from ft. to ft. Auxiliary Tools Plugging or Sealing Materials: Type Plugging or Sealing Materials: Type											<u> </u>		
Plugging or Sealing Materials: Type	aving:												
Dick S. Treater Nathan W.		remorated in			· · · · · · · · · · · · · · · · ·								
Company Representative Dick S. Treater Nathan W. TIME PRESSURES Tum./p.m Tubing Casing On Location. On Location. Mix 10sks of gel and 50sks 60/40poz 4%gel at 1043' Mix 50sks at 390' Mix 30sks at 60' Circulated cement to surface. Thank You!	man Hala	. Sian	TO	€r D	B to 6		mg wateridis:	туре				ls	lh
TIME PRESSURES a.m./p.m. Tubing Casing 10:00 2" On Location. Mix 10sks of gel and 50sks 60/40poz 4%gel at 1043' Mix 50sks at 390' Mix 30sks at 60' Circulated cement to surface. Thank You!	pen noie	3126		п. Р.	J. 10				· · · · · · · · · · · · · · · · · · ·		700		
TIME	`am===	Dangarantation		Dick C		Transac				Natha	ın W		
Tubing Casing Total Fluid Pumped REMARKS On Location. Mix 10sks of gel and 50sks 60/40poz 4%gel at 1043' Mix 50sks at 390' Mix 30sks at 60' Circulated cement to surface. Thank You!				Dicks	•					1101110	IIC VV.		
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Mix 10sks of gel and 50sks 60/40poz 4%gel at 1043' Mix 50sks at 390' Mix 30sks at 60' Circulated cement to surface. Thank You!			4-4	†	On Location						•		
Mix 50sks at 390' Mix 30sks at 60' Circulated cement to surface. Thank You!		-	<u> </u>		Off Location.								
Mix 50sks at 390' Mix 30sks at 60' Circulated cement to surface. Thank You!				1									
Mix 50sks at 390' Mix 30sks at 60' Circulated cement to surface. Thank You!				 	Mix 10che of a	al and EOck	c 60/40	007 /	%gol a	10/2	1		
Mix 30sks at 60' Circulated cement to surface. Thank You!			-	-	IALIX TOSKS OF BE	ei allu DUSK	ا40/40 د	μυz 4	wger a	1043	1		
Mix 30sks at 60' Circulated cement to surface. Thank You!			-		NAIN CO-I- 1 20	201			<u></u>				
Thank You!			 		IVIIX SUSKS at 39	3U							
Thank You!					14' 00'	01.61							
			ļ	ļ	IVIIX 30sks at 60	U Circulate	ea ceme	nt to	surfac	е.			
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Nathan W.					Thank You!								
Nathan W.													
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FIELD ORDER

Nº C

60544

\$285.25

BOX 438 - HAYSVILLE, KANSAS 67060 316-524-1225

					DATE	7-A	or 20	22
AUTHORIZED	BY: BE	AR PETROLEUM	(NAME OF	- CUSTOMER)				
idress					S	tate KS		
O TREAT WELL S FOLLOWS L	Lease <u>UL</u>	SH						
ec. Twp. ange				,	s			
lied, and no represent atment is payable. The invoicing department	ations have been will be no disc in accordance was represents	crue in connection with said service or treatment. In relied on, as to what may be the results or effect court allowed subsequent to such date. 6% interest it latest published price schedules. himself to be duly authorized to sign this ord	of the servicing or treating t will be charged after 60 o	said well. The consid lays. Total charges an	eration of said service or			
FORE WORK IS C	OMMENCED	Well Own	er or Operator		Ву	Agent		
CODE (YTITMAUQ		ESCRIPTION		UNIT COS		AMOUNT	
20.1002	20	60/40 Poz 2% Gel			\$13.00		\$26	0.0
20.1004	1	Add. Gel after 2% Per Sack			\$25.25		\$2	5.2
			<u> </u>			+		
				<u></u>				
	<u>. </u>			·	-			
								
	···							
		Bulk Charge				1		

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative GREG C.

Station GB

DICK S.

Well Owner, Operator or Agent

Remarks

Gallons
TOTAL BILLING

Bulk Truck Miles

Process License Fee on